

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024362

STATE FILE NUMBER

3076

Registrar's No. 113

FILED JUN 24 1958

Registration District No.

Primary Registration District No.

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Missouri</b>		c. CITY OR TOWN <b>Nevada, Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Belcher Nurs. Home 2 1/2 Yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>614 N-Washin</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Tena</b> Middle <b>Catherine</b> Last <b>Burnworth</b>		4. DATE OF DEATH Month <b>6</b> Day <b>3</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 21, 1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Ringold, Penn.</b>
13a. FATHER'S NAME <b>Saloman Martz</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Shrouger</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased Norman Burnworth</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>R.F.D. Mrs. Ruby Gossaint, El Dorado Spgs. Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>33/X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>advanced age</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <b>none</b> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) _____	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION COUNTY STATE _____	
21. I attended the deceased from <b>about Jan 1958</b> , to <b>June 3/58</b> , and last saw her alive on <b>June 2-58</b> Death occurred at <b>6 P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. B. Lewis</b> (Degree or title)		22b. ADDRESS <b>Nevada, Mo</b>	22c. DATE SIGNED <b>6-4-58</b>
23a. CAUSE OF REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-4-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Abilene, Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Abilene, Kansas</b>
24. FUNERAL DIRECTOR ADDRESS <b>Hays Funeral Service, Inc.</b>		25. DATE RECD. BY LOCAL REG. <b>6-17-1958</b>	26. REGISTRAR'S SIGNATURE <b>Amal &amp; Perry</b>

(Licensed Embalmers' Statement on Reverse Side)

Nevada, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diagnoses in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Allen V. Hays .....

Licensed Embalmer No. 1968 .....

P. O. Address Neerada, Mo. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. — —

If this body is not embalmed, fact should be so stated above.